

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18900

LED JUN 11 1943

Registration District No. 21.10

Primary Registration District No. 6.75-

Registrar's No. 270

## 1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 yrs. 5 mos.  
(Specify whether years, months or days)

## 3. (a) PRINT-FULL NAME

IDA HALTER

3. (b) If veteran,  
name war

No

3. (c) Social Security  
No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Tony Halter 6. (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased About 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 50 hr. min.

9. Birthplace Scott County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Ex-teacher and housewife.

## 11. Industry or business

12. Name Daniel Georger (?)  
13. Birthplace Missouri (?)  
(City, town, or county) (State or foreign country)  
14. Maiden name Regina Morper (?)  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.  
17. (a) Burial (b) Date thereof 5-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Augustine's Cem., Keokuk  
18. (a) Signature of funeral director Bisplinghoff-Huffard  
(b) Address Ilmo, Missouri  
19. (a) May 14 1943 (b) Byndie Bukhmerster  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Oran (If outside city or town limits, write "RURAL")  
(d) Street No. Unknown (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6,  
year 1943 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943 to May 6, 1943,  
that I last saw h. or alive on May 6, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yrs

Due to

Due to Typhoid  
Other conditions Typhoid  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 93d  
Of autopsy 23 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
SO, Mo.  
While at work? (Specify type of place) (e) Means of injury  
Signature Bennett L. South (M. D. or other)  
Address Farmington - Mo Date signed 5/8/43

RECEIVED

District Health Officer No. 4  
District File Number 643-2271  
Date Filed 6-5-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Bert J. Miller  
Licensed Embalmer No. 3752  
P. O. Address Farmington, N.H.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.